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| STATE OF SOUTH DAKOTA  COUNTY OF | IN THE CIRCUIT COURT OF THE        JUDICIAL CIRCUIT |
|  |  |
|  | CASE NO: |
| (Case Caption) | **DOCUMENT RETURN REQUEST** |
|  |  |

I am requesting that the following document(s) submitted for scanning or as a trial exhibit in the above-named case be returned:

I request that the documents be returned by mail and have provided a self-

Addressed stamped envelope.

Date:

Signed:

Party or Party’s Attorney of Record:

Address:

Phone #:

\*This document and a self-addressed, stamped envelope must be submitted at the same time the document you want back is filed or the document filed may be destroyed 30 days from the time of filing

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